



**APPLICATION TO REGISTER AS A
CIVIL PARTNERSHIP NOTARY**

Civil Partnerships Act 2008

Form 224 - CPN

IMPORTANT INFORMATION

This form can be used to apply to the Registrar-General to register as a civil partnership notary. The application and all accompanying documentation will be used to assess your suitability for registration as a civil partnership notary. If registered your details will be made available on the register of civil partnership notaries. If not registered, the decision is an appealable decision that may be reviewed by the ACT Civil and Administrative Appeals Tribunal. Applicants should be aware of their responsibilities under the *Civil Partnerships Act 2008*. You can view or download the Act from www.legislation.act.gov.au.

In deciding whether a person is suitable to be registered as a civil partnership notary, the Registrar-General must have regard to the following:

- Whether the person has been convicted, or found guilty, in Australia of an offence punishable by imprisonment for one year or longer, or outside of Australia that would have been punishable by imprisonment for one year or longer or convicted, or found guilty of an offence against the *Civil Partnerships Act 2008*;
- Whether the person is or has been an undischarged bankrupt, has executed a personal insolvency agreement or has otherwise applied to take the benefit of any law for the relief of bankrupt insolvent debtors; and
- Whether the person has a physical or mental incapacity that may affect the exercise of a person's functions as a civil partnership notary.

PRIVACY INFORMATION

The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. The Registrar-General must keep a public register of all registered civil partnership notaries, including their full name, address and contact details.

CONTACT INFORMATION

Send completed forms to the Office of Regulatory Services:	GPO Box 158, Canberra ACT 2601
Lodge in person at the Office of Regulatory Services:	255 Canberra Avenue, Fyshwick ACT 2609
Office Hours:	9:00am to 4:30pm Monday to Friday
General enquiries telephone number:	(02) 6207 0460
Website address:	www.ors.act.gov.au

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please print clearly and use a blue or black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out or correction tape.
- Applicants must be aged 18 years or over.
- If lodging the application by post, you must have all identification documents certified as true copies of the originals by a Solicitor, Police Officer or Justice of the Peace.
- Applicants must have the knowledge and the skills or experience necessary to exercise the functions of a civil partnership notary.
- Applicants must be a suitable person to be registered as a civil partnership notary.
- Payments may be made by cheque, money order or credit card if lodged by post, or also by cash or EFTPOS if lodged in person.
- Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.



BIRTHS, DEATHS AND MARRIAGES
OFFICE OF REGULATORY SERVICES
Department of Justice and Community Safety
**APPLICATION TO REGISTER AS A
CIVIL PARTNERSHIP NOTARY**

Civil Partnerships Act 2008

Form 224 - CPN

Registration Number (Office use only)		Registration Date (Office use only)	
--	--	--	--

DETAILS OF APPLICANT

Surname (As appears on your POI documents)	
Given Name(s) (As appears on your POI documents)	
Date of Birth	
Usual Place of Residence	
Postal Address	
Telephone Number	
Email Address (if applicable)	

PROOF OF IDENTIFICATION (POI)

<input type="checkbox"/> A Birth Certificate or (If born in Australia)	<input type="checkbox"/> Current Passport; or, (If born in Australia, an Australian Passport)	<input type="checkbox"/> Citizenship Certificate (If born outside Australia)
Certificate Number	Passport Number	Certificate Number

QUALIFICATIONS, SKILLS AND EXPERIENCE IN SUPPORT OF YOU APPLICATION

Qualifications - Please provide details and copies of certificates awarded to you that may be able to demonstrate your competency to undertake the functions and responsibilities as a civil partnership notary.

Skills – Please provide details of your ability to liaise and communicate the requirements of the *Civil Partnerships Act 2008* to persons considering entering into a civil partnership.

Experience – Please provide details of any other experience you may have in support of your application.

DESCRIBE ANY BUSINESS INTERESTS OR POSSIBLE CONFLICTS OF INTEREST THAT MAY MAKE YOU UNSUITABLE FOR REGISTRATION AS A CIVIL PARTNERSHIP NOTARY (This question is being asked to determine whether there may be any potential or actual conflict of interest that may arise if registered as a civil partnership notary. These may be related to your current occupation or associations you may be affiliated with)

--

REFERENCE 1 (Please provide 2 references from persons over the age of 18 that are not a member of your family, and address the following)

<input type="checkbox"/> Included	The nature and length of time the referee has known you as the applicant.
<input type="checkbox"/> Included	The referee's knowledge of your personal and professional capacity to undertake the responsibility of performing civil partnership ceremonies.
<input type="checkbox"/> Included	The referee's knowledge of any personal or professional standards or qualities that may support your application to be registered as a civil partnership notary.

REFERENCE 2 (Please provide 2 references from persons over the age of 18 that are not a member of your family, and address the following)

<input type="checkbox"/> Included	The nature and length of time the referee has known you as the applicant.
<input type="checkbox"/> Included	The referee's knowledge of your personal and professional capacity to undertake the responsibility of performing civil partnership ceremonies.
<input type="checkbox"/> Included	The referee's knowledge of any personal or professional standards or qualities that may support your application to be registered as a civil partnership notary.

DETAILS OF CONVICTIONS, OFFENCES AND BANKRUPTCY

<input type="checkbox"/> I have <input type="checkbox"/> I have not	been convicted, or found guilty, in Australia of an offence punishable by imprisonment for one year or longer.
<input type="checkbox"/> I have <input type="checkbox"/> I have not	been convicted, or found guilty, outside Australia of an offence that, if it had been committed in the ACT, would have been punishable by imprisonment for one year or longer.
<input type="checkbox"/> I have <input type="checkbox"/> I have not	been convicted, or found guilty, of an offence against, or has otherwise contravened, the <i>Civil Partnerships Act 2008</i> .
<input type="checkbox"/> I have <input type="checkbox"/> I have not	been an undischarged bankrupt, have executed a personal insolvency agreement or have otherwise applied to take the benefit of any law for the relief of bankrupt or insolvent debtors.
<input type="checkbox"/> I have <input type="checkbox"/> I do not have	any physical or mental incapacity that may affect the exercise of my functions if registered as a civil partnership notary.

STATUTORY DECLARATION BY APPLICANT TO REGISTER AS A CIVIL PARTNERSHIP NOTARY

I (name of applicant)	being a (occupation)
-----------------------	----------------------

of (address)	Postcode
--------------	----------

Declare that:

- I will conduct myself in accordance with the guidelines of being a civil partnership notary;
- I will undertake any personal and professional development that may be required;
- I will notify the Registrar-General in writing of any changes to my details supplied on this form; and,
- that all information supplied on this form and any attachments in support of this application are true, to the best of my knowledge, in every particular.

..... Signature of applicant Dated
--	-----------------------

Declared at (place)

Before me, (Full name of witness)

Of (address of witness)

Qualification of witness (Justice of the Peace, Solicitor, Police Officer or ACT BDM Staff)

..... Signature of witness Dated
--------------------------------------	-----------------------

CREDIT CARD PAYMENT AUTHORITY

Please charge payment of the application fee to my:	<input type="checkbox"/> VISA card	<input type="checkbox"/> Master Card
---	------------------------------------	--------------------------------------

Credit Card Number:	Expiry date:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Card holder's authorisation:

I consent to the Office of Regulatory Services debiting \$.00 from my credit card.

Card holder's full name:	Card holder's signature:	Date:
--------------------------	--------------------------	-------